

MDR Tracking #M4-04-3162-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/03/03.

## **I. DISPUTE**

Whether there should be additional reimbursement for CPT 99456-WP for date of service 8/11/03.

## **II. RATIONALE**

The service in dispute was denied as "F-Modifier is required for this procedure."

Requestor states, "Not paid according to TWCC Medical Fee Guidelines and Rules. MMI evaluation and impairment rating testing was performed by a Designated Doctor, as requested by TWCC." Payment received was \$88.52. Amount requested is an additional payment of \$411.48.

There was no response from carrier.

Commission Rule 134.202 (e)(6)(C)(iii), (D)(i), (iii)(II)(a), and (III) states in part, "An examining doctor, other than the treating doctor, shall bill using the "Work related ...examination by other than the treating physician..." CPT code. Reimbursement shall be \$350. HCP shall include billing components of the IR evaluation with the applicable MMI CPT code. The Maximum Allowable Reimbursement shall be \$150 for each body area if the Diagnosis Related Estimates method found in the AMA Guides 4<sup>th</sup> Edition issued. If the examining doctor performs the MMI and the IR testing, ...Reimbursement shall be 100% of the total Maximum Allowable Reimbursement."

Reimbursement methodology:

$\$350.00 \text{ (E/M)} + \$150.00 \text{ (one body area)} - \$88.52 \text{ (payment received)} = \$411.48$

Therefore, per Commission Rule 134.202, additional reimbursement is recommended in the amount of \$411.48.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to additional reimbursement for CPT code 99456-WP in the amount of \$411.48. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$411.48, plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12<sup>th</sup> day of February 2004.

Terri Chance  
Medical Dispute Resolution Officer  
Medical Review Division

TC/tc